



LICENSURE EXAMINATION REGISTRATION

Last name:																										
First name:													MI		Soc. Sec. #:				-			-				
Address:																										
City:																			State							
Zip Code:						-						Male		Female												
Home phone:				-				-					Business				-				-					
EMAIL:																										

Check One			Exam Date	Registration Deadline	Exam Location	Site ID
			April 12, 2008	February 22, 2008	Edison, NJ	3001
			July 19, 2008	May 30, 2008	Trenton, NJ	3013
			July 19, 2008	May 30, 2008	Edison, NJ	3113
			October 18, 2008	August 29, 2008	Edison, NJ	3112
			October 18, 2008	August 29, 2008	Trenton, NJ	3012

- The cost to register is **\$120**. This examination fee is **non-refundable/non-transferable**.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam which will include information regarding the location of the exam.
- Special testing accommodation requests must be received by NBCC, in writing, 45 days prior to the administration of the examination. See "Special Accommodations" policy, located at <http://www.nbcc.org/nce>.

- Your completed registration form with signature.
- Your **\$120** examination fee (please make check or money order payable to NBCC).
- An **official, sealed** (unopened) academic **transcript** identifying the conferral date of a Master's degree in counseling or a related field.

NBCC
PO Box 7407
Greensboro, NC 27417-0407

Have you previously taken the NCE with the National Board for Certified Counselors? Yes ☐ No ☐

If yes, on which date? / /
Month Day Year

Have you previously taken the NCE for state licensure? Yes ☐ No ☐

If yes, on which date? / /
Month Day Year

I understand and agree to the following: that I am taking the NCE as part of the New Jersey state licensing requirements; and approval to take the NCE or the receipt of a passing score does not demonstrate that New Jersey state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the New Jersey Professional Counselor Examiners Committee with examination results. Use of the NCE scores for licensure in other states may not occur until licensure is granted in New Jersey. By signing this document, I hereby certify that the information and materials provided in this registration are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all applicable NBCC policies, procedures, and agreements concerning the NCE examination.

Signature: _____ Date: _____

Credit card type:	VISA <input type="checkbox"/>	Mastercard <input type="checkbox"/>	American Express <input type="checkbox"/>
Account number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name on card:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Signature:	Date:		
	Exp. date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		Amt. charged: \$ <input type="text"/> <input type="text"/> <input type="text"/>